

8. AGGREGATE TOTAL OF ALL IN-STATE EVENTS

State the aggregate total amount of all employer expenditures for all in-State event(s) which was or should have been reported to the Commission pursuant to T.C.A. § 3-6-305(b)(8). Authority: T.C.A. § 3-6-303(a)(3).

9. TO BE SIGNED BY REPORTING OFFICIAL (must be attested to by a witness)

I certify that the information contained in this Report is true and that it is a complete and accurate report to the best of my knowledge, information and belief.

Leigh Ann Bradley 5/30/07
 Signature of Person Completing Report Date
 Print Name of Person: Leigh Ann Bradley

I, the undersigned, acknowledge that I have reviewed the foregoing Report and certify that is complete and accurate to the best of my knowledge, information and belief.

Leigh A Bradley 5/30/07
 Signature of CEO, CFO or Authorized Representative Date
 Print Name of Person: Leigh Ann Bradley

I, Christie Maresse, the undersigned, do hereby witness the above signature of the CEO,
 (Printed Name of Witness) CFO or Authorized Representative, which was signed in my presence.

Christie Maresse 5/30/07
 Signature of Witness Date

Freestanding Ambulatory Surgery Center Association
 of Tennessee
 (FASCA of TN)



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